

MDR Tracking Number: M5-04-1120-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on December 18, 2003.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the Celebrex was not medically necessary.

Based on review of the disputed issues within the request, the Division has determined that fees were the only fees involved in the medical dispute to be resolved. As the treatment listed above was not found to be medically necessary, reimbursement for date of service 11-18-03 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 13th day of May 2004.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

PR/pr

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

April 29, 2004

Re: IRO Case # M5-04-1120

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ____ for an independent review. ____ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ____ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Orthopedic Surgery, and who has met the requirements for TWCC Approved Doctor List or has been approved as an exception to the Approved Doctor List. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to ____ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ____ reviewer who reviewed this case, based on the medical records provided, is as follows:

Medical Information Reviewed

1. Explanation of benefits
2. Copy of prescription 6/16/03 and receipt 11/18/03
3. Medical evaluation 11/14/02
4. Peer review 3/7/02
5. Operative reports 4/25/01, 7/5/00
6. MRI report 1/2/01
7. Office notes 6/26/00 – 6/13/03

History

The patient is a 63-year-old male who injured his right shoulder, head and neck in _____. He subsequently underwent two surgical repairs of a rotator cuff tear and nonsurgical management for injuries to the cervical and lumbar spine.

Requested Service(s)

Celebrex 11/18/03

Decision

I agree with the carrier's decision to deny the requested medication.

Rationale

A peer review doctor correctly stated that the patient may require chronic use of anti inflammatory medications. However, a prescription dated five months prior to being filled is not appropriate. A clinical reassessment of the patient is necessary to justify use of expensive medication. The patient may require chronic medical therapy such as this, however, it should be evaluated within three months to assess the necessity for prescription medication.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.